

**NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES**

**BISMARCK, NORTH DAKOTA**

**Revised May 11, 2012**

**REVISED PI 12-06**

**TO:** Regional DD Program Administrators; Regional DD Program Managers; DD State Office; Licensed DD Service Providers; Barb Murry

**FROM:** Tina Bay, DD Director

**SUBJECT:** DD Division Policy

**PROGRAMS:** In Home Supports

**EFFECTIVE:** **Immediately**

**RETENTION:** Until Manualized

## IN HOME SUPPORT SERVICES

### Description

- In Home Supports (IHS) is a service provided through the North Dakota 1915c DD Traditional Waiver (ND. 0037. R06.02 4.1.2011) and the Autism Waiver (ND. 0842.R00.00). This service provides support to meet the needs of the eligible participant with their daily and community routines, within their family home and community.
- IHS are to be considered only after all other sources of support, both formal and informal, have been exhausted. A caregiver must be needed in order to meet the disability related needs of the eligible individual.
- IHS may only be provided at a time other than when the eligible individual could be in school or when scheduled to attend a day program.
- IHS **assists** a primary caregiver in meeting the needs of their family member with a disability either when the primary caregiver is present or by providing relief from the responsibility of being the primary caregiver. The primary caregiver may be absent for a variety of reasons (at school, out of home with other family members or friends, at work, etc.).
- IHS is to be utilized to maintain an appropriate placement in a family home setting and prevent a placement that would be less appropriate and more restrictive.

### Scope

- **Basic Information:**
  - IHS can only be reimbursed when a caregiver is needed to meet the health and safety needs of the eligible individual. Medical, behavioral, physical and communication needs can be considered. Caregivers must define the specific needs that a typical caregiver cannot provide. This information is gathered as part of the application process for IHS, which is completed at least annually or at the time an authorization for services is being initiated.
  - IHS includes carrying out training needs identified in the individual's Program Plan, such as supporting involvement in family routines, community integration, personal care, activities of daily living, and implementation of approved behavioral programming.
  - IHS may be provided either in or out of the individual's home. Though direct support hours are typically provided in the family home, it is permitted to have a caregiver employed by a licensed DD provider agency fulfill IHS hours as out of home relief care with approval of all contracting parties

- In addition to assisting the primary caregiver in meeting the needs of the eligible consumer, IHS is available to provide the primary caregiver temporary relief (respite) from the demands of supporting their family member with a disability **not to exceed 20 hours per month**.
- Chore services are not included. IHS staff are to perform household tasks only if the task is directly related to the support needs of the individual eligible for DD Program Management.

### **Limitations:**

- IHS cannot be authorized if provided at a time the eligible individual could be in school or other generic supports are available.
  - If the IEP team has determined that the individual should attend school for a shortened day, IHS can be used to cover the part of the school day the individual would normally have attended.
- IHS hours may not be utilized while an eligible individual is hospitalized to relieve the primary caregiver.
- Individuals providing IHS may not live in the same home as the eligible individual.
- IHS will not be delivered in group residential settings.
- Hours of support will not exceed 300 per month for the traditional waiver and 150 hours per month for the autism waiver.
- Transportation – For clients living with family or in their own homes or apartments with support services from a licensed DD provider, they either use community transportation services, purchase rides from a licensed DD provider if one offers rides on a private pay basis, or make other arrangements, such as rides from family, friends, coworkers, walk, ride bikes, etc. Providers may establish their own policies in regards to transportation supports offered by staff but the Department will not participate in reimbursement for these costs.
- When IHS is provided and the primary caregiver is absent, the IHS caregiver may be responsible for siblings of the eligible individual if the DD Program Manager (DDPM) and licensed FSS provider have determined that the health and safety of the eligible client can be met while providing general supervision to other siblings. This is a decision that is reviewed quarterly for every family receiving IHS and is documented directly on the authorization. The primary beneficiary continues to be the eligible individual, as their primary caregiver is receiving support (relief care) that will facilitate the family member with the disability remaining in their family home. The benefit to other siblings in the home is incidental. The general supervision they receive does not jeopardize the health and safety of the eligible Individual, increase the cost of amount of service,

or reduce the services the eligible individual receives. General supervision includes verbal or physical cues and secondary benefits, such as sharing a meal prepared for the eligible individual, or listening to a story read to the eligible individual. By allowing IHS caregivers to provide general supervision to siblings, the family is supported in keeping their family member with a disability in a normalized situation that supports natural learning opportunities with siblings.

### **Eligibility**

- Eligibility for DD services per NDAC 75-04-06
- Medicaid eligible
- ICF/ID level of care
- Living with a primary caregiver

### **Service Delivery**

- Participant directed (traditional & autism waiver)
- Provider managed (traditional waiver)

### **Provider Qualifications**

- Licensed according to NDAC 75-04-01

### **DDPM Guide:**

- Additional items to consider if service is appropriate and at what level:
  - Must fall within scope of the program
- What do we need to provide to maintain eligible individual in the home – what's critical?
- Is request an 'add-on' or 'supplement' or is it not available?
- Is support available through another program/source/natural support?
- If currently utilizing IHS, what has been the average amount used over the previous service year?
- Explore these questions:
  - Why is this needed?
  - What is the need?
  - What are the families 'special' circumstances?
- Family Stress: Current stress and prevention of stress that might lead to the eligible individual being placed out of the home must be considered. Program

Managers need to work closely with families to help them determine their stress level and to explore all options, in addition to DD funded supports that might increase their coping ability.

- The eligible individual (11 yoa and younger) must need a caregiver or require general supervision (12 yoa or older). IHS hours may be authorized for work or education related needs of the primary care provider, for relief care or community integration.
  - An eligible individual age 11 yoa or younger must not be able to access child care in a typical setting – either due to medical or behavioral issues. Legally, all eligible individual under 12 years of age require a substitute caregiver when the parents are not available. The usual cost for full time child care (during a parent's school or work hours) continues to be the financial responsibility of the parent and any IHS hours are offset/pro-rated by this amount. (\$550 per month)
    - The average amount for full time child care (\$550/month) was obtained from Child Care Resource and Referral. This amount will be solicited from Child Care Resource and Referral annually. Any changes in the average amount will be reflected in the amount families are accountable for.
    - For eligible individual 12 years of age and older IHS services may be appropriate to authorize if other informal supports are not available to provide general supervision.
- At a minimum annually review the overall assessment of the consumer's functional skill (the Progress Assessment Review), the Case Plan (ISP), and the level of care determination (Case Action Form);
- Quarterly face to face visits with the consumer and guardian with follow up, as needed, with others involved (when a signed authorization to disclose information is in place).
- Twice yearly Quality Enhancement Reviews;

## **IHS Application**

This application will be used for Family Support Services – IHS and Self Directed – IHS. It will be completed by the parent with the guidance of the DDPM. Completion will be required prior to requesting services and annually prior to the beginning of the new fiscal year.

Discussion with the parent should occur regarding the need for hours and how the hours will be utilized. Consideration will be given to the Least Restrictive Environment and the need to meet the health and safety needs of the eligible individual.

Discussion will be held regarding other children in the home and whether the eligible child's health and safety needs can be met if general supervision is provided to the other children in the home.

## In Home Support Application

☐ **Family Support/Provider**

☐ **Self-Directed**

N.D. Department of Human Services/DDD (04/27/12)

The Medicaid Home and Community-based Services (HCBS) waiver program is designed to assist families to care for their eligible individual, prevent out-of-home placement, and assist in covering excess expenses related to the individual's disability. The Plan, developed for the eligible individual must support the need and describe the activities implemented to achieve the outcomes.

Individual's Name:	Date of Birth:	Age:
Parent/Guardian's Name:		
Mailing Address:		

**1. Need for caregiver**

- ☐ Requires significant training for a **specific procedure** related to the individual's disability to insure health and safety (procedures such as suctioning, g-tube, behavior intervention)
- ☐ Requires training related to the **individual's disability** (Disability Specific information such as Seizure precautions, Cerebral Palsy)
- ☐ No special training is necessary for medical or behavioral concerns; however, supervision is need for eligible individual with a disability over the age of 12.

**2. Individual's Behavioral Status (check all that apply)**

- ☐ **Behavior plan/consistent method of addressing predictable concerns is in place**
- ☐ **Individual's routines are affected (sleeping, eating, school attendance, etc.)**
- ☐ **Individual is receiving treatment and follow-along (psychiatry, Partnership, counseling, etc.)**
- ☐ **Individual has no major behavior concerns**

**3. Stress upon family, related to eligible Individual (check all that apply)**

- |  |  |
|--|--|
| <ul style="list-style-type: none"><li><input type="checkbox"/> Other family member's routines are disrupted due to the need for the primary caregiver to focus on the needs of the eligible individual.</li><li><input type="checkbox"/> Other family member with specialized needs also living in the home</li><li><input type="checkbox"/> Primary caregiver has medical, physical, cognitive, psychiatric or functional limitations impacting ability to provide care</li><li><input type="checkbox"/> Primary caregiver over the age of 62</li><li><input type="checkbox"/> No back up caregiver available in the home</li></ul> | <ul style="list-style-type: none"><li><input type="checkbox"/> Primary Caregiver unable to sleep through the night due to consumer's needs</li><li><input type="checkbox"/> Family member has made lifestyle change due to resources unavailable in community (Ex. Job, shift change, relocation, etc.)</li><li><input type="checkbox"/> Financial hardship (crisis, job at risk, unpaid time from work needed for consumer's needs)</li><li><input type="checkbox"/> Other natural supports are not available to provide relief care</li><li><input type="checkbox"/> No stress related to individual</li></ul> |
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4. Describe the specific needs of your family member that typical caregivers cannot provide:

*Describe daily routine*

5. We expect our in home support to: (check all that apply)

- ☐ Assist primary caregiver in meeting health and safety needs of eligible individual (while we are home)
- ☐ Lifting and transferring-on average, how long does this task take? \_\_\_\_\_
- ☐ Bathing-on average per day, how long does this task take? \_\_\_\_\_
- ☐ Toileting-on average per day, how long does this task take? \_\_\_\_\_
- ☐ Dressing-on average per day, how long does this task take? \_\_\_\_\_
- ☐ Eating-on average per day, how long does this task take? \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

- ☐ Behavioral Intervention-description of behavioral intervention needed: \_\_\_\_\_

- ☐ How long does intervention take? \_\_\_\_\_

- ☐ Provide temporary relief to primary caregiver (while we are away) – **Not to exceed 20 hours/month**

- ☐ Other needs related to individual's disability: \_\_\_\_\_

6. Supervision and support for an eligible individual over the age of 12? ☐ Yes ☐ No

If yes, reason: \_\_\_\_\_

7. If In-Home Support is authorized, will the caregiver be expected to supervise other individuals, in addition to the eligible individual? ☐ Yes ☐ No

- A. Can health and safety of eligible Individual be met while providing supervision to others? ☐ Yes ☐ No

**\*\*\*\*Provider, family, client, and DDPM must agree.\*\*\*\***

8. List hours/month in current authorization: \_\_\_\_\_

- A. Average hours/month used in the previous year of service: \_\_\_\_\_

9. List number of hours requested per month:

July: \_\_\_\_\_ Oct: \_\_\_\_\_ Jan: \_\_\_\_\_ Apr: \_\_\_\_\_  
Aug: \_\_\_\_\_ Nov: \_\_\_\_\_ Feb: \_\_\_\_\_ May: \_\_\_\_\_  
Sept: \_\_\_\_\_ Dec: \_\_\_\_\_ Mar: \_\_\_\_\_ June: \_\_\_\_\_

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Caregiver's Signature

Date